

## Current Plan For Consultation, Emergency Transfer, and Transport

MIDWIFE NAME	DATE	
The licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:		
NAME		
ADDRESS	PHONE NUMBER	
(If more than one consultant, use other side of form.)		
2. In an emergency transport to a hospital the following are available:		
(1) PRIVATE AMBULANCE CO ADDRESS		
(2) MUNICIPAL AID CAR ADDRESS		
(3) HELICOPTER SERVICE ADDRESS		
(4) HOSPITAL TRANSPORT SERVICE ADDRESS		
In the even of a maternal emergency in an out-of-hospital setting, I will transport to the following hospital(s):		
NAME LOCATION		
NAME LOCATION		
In the even of a neonatal emergency in an out-of-hospital setting, I hospital(s):	will transport to the following	
NAME LOCATION		
NAME LOCATION		

MIDWIFE NAME		DATE	
1a. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:			
NAME			
ADDRESS	PHONE NUMBER		
1b. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:			
NAME			
ADDRESS	PHONE NUMBER		
1c. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:			
NAME			
ADDRESS	PHONE NUMBER		
1d. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:			
NAME			
ADDRESS	PHONE NU	JMBER	
1e. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:			
NAME			
ADDRESS PHO		JMBER	
1f. Another licensed physician who is engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or the infant is:  NAME			
ADDRESS	PHONE NI	UMBER	